**DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION**

I, a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OPTICAL DETECTOR SYSTEM

the specification of which (check one) ☐ is attached hereto, or ☒ was filed on, 08/04/2003 as application Serial No. 10/633,794 and was amended on __/__/__ (if applicable).

I hereby state that I have reviewed and understand the contents of the identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

__/__/__,
Application Number

__/__/__,
Filing Date

Status

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 (a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

__/__/__,
Application Number

__/__/__,
Filing Date

Status

__/__/__,
Application Number

__/__/__,
Filing Date

Status


POWER OF ATTORNEY I hereby appoint the following attorneys and practitioners to prosecute this application and to transact all business in the United States Patent Office connected therewith:


CUSTOMER NUMBER(S) 021496

Send correspondence to: P. O. BOX 969
LIVERMORE, CA 94551

Direct telephone calls to: TIMOTHY P. EVANS at (925) 294-3690 -

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor: BRENT A. HORN
Inventor's signature:  Date: 24 Nov 2003
Residence: 3550 PACIFIC AVENUE, #1107, LIVERMORE, CA 94550
Citizenship: U. S.
Post Office Address: 3550 PACIFIC AVENUE, #1107, LIVERMORE, CA 94550

Full name of second inventor: RONALD F. RENZI
Inventor's signature:  Date: 24 Nov 2003
Residence: 23157 HANSEN ROAD, TRACY, CA 95376
Citizenship: U. S.
Post Office Address: 23157 HANSEN ROAD, TRACY, CA 95376